

SUPPORTED EMPLOYMENT - MONTHLY JOB COACH REPORT

DR384 (New 06/04)

Report Month/Year:

Employer/Site Name & Address:	Consumer:	DOR Counselor:	
	SE Service Provider:	DOR District:	
	Job Coach:	Job Coach Phone:	
Job Title:	Individual Group	Wage: per	Start Date:

Work Schedule (indicate work hours; example: 9am-2pm):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total hours consumer worked				Total hours coached		
On-site coaching				Job coach travel hours (IP only)		
Off-site coaching (IP only)				Total hours billed		
Percent of intervention (IP only)				(cannot exceed hours authorized)		
IP only = Individual Placement Only				Total hours authorized		
				Date services authorized through		

Check boxes for any areas of unsatisfactory performance**Work Habits****Work Performance****Interpersonal Skills**

Attendance/Punctuality

Understanding of Job Tasks

Supervisor

Following Procedures

Accuracy/Quality

Co-workers

Cooperation

Work Pace

Customer/Public

Taking Initiative

Focus/Concentration

Job Coach

Grooming/Hygiene

Areas checked must be addressed in a proposed plan to improve performance

Check if plan is attached. (May use DR384A or provider's equivalent report)

Other issues related to job performance/termination:

Consumer comments/view of progress:

Termination Date:	Form Completed By:	Phone:
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DOR Use Only: Account Tech Initials

Invoice Processed

Date:

Other:

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